

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/719182

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	1	1	1	1			TOTAL IND.						
TOTAL	1	1	1	1			TOTAL DEP.						
TOTAL	1	1	1	1			TOTAL CLAIMS						

Best Available Copy